



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

DATE: 1/5/2010

SUBJECT: Transition of Virginia Medicaid Fiscal Agent and Provider Enrollment Services to ACS State Healthcare (ACS)

This memo is the first in a series regarding the transition of Medicaid's Fiscal Agent and Provider Enrollment Services contracts. The Department of Medical Assistance Services (DMAS) will transfer all Fiscal Agent and Provider Enrollment Services functions from First Health Services Corporation (FHSC) to ACS State Healthcare on or shortly before July 1, 2010. We will provide the exact date in a subsequent memo. The transition to ACS does not involve the development and implementation of a new MMIS. Rather, ACS will be taking over the day-to-day operation of the current system and will be adding some new enhancements.

ACS is a Fortune 500 company that specializes in business processes and information technology solutions for commercial and government clients worldwide. The company will take over existing operations historically performed by FHSC, including claims processing, provider enrollment, electronic data interchange (EDI), checks/remittances and electronic funds transfers (EFTs), web-based and telephonic inquiry applications (Automated Response System and MediCall), and member eligibility functions.

In addition, ACS will be introducing new and enhanced services for DMAS, our provider network, and our members. Among them will be the availability of online, real-time services for providers via the Internet, including claims submission and provider enrollment. These new services will be available at no cost to providers. A schedule of when the new services will be available will be provided at a later date.

DMAS has set up a special page on its website entitled Fiscal Agent Transition (<http://www.dmas.virginia.gov/fa-trans.htm>). On that site, you can access information that will make this a smooth transition with no interruption in the services we provide to you. In addition, you will find training opportunities, FAQs, and the latest information on the progress of the transition and how

it affects you. We strongly encourage you to visit the site often so that you are up-to-date on changes and the transition timeline. In the event you cannot locate the answer to your question, you can contact us at fiscalagenttransition@DMAS.virginia.gov. Only questions related to the Fiscal Agent Transition will be replied to from this email address.

While much more detail will be forthcoming in future memos, the following paragraphs provide some brief information on several key topics.

Terminology Changes

Beginning with this memo, DMAS will begin changing certain terminology used in the administration of the Medicaid program. These changes are required to better align with the federal Medicaid Information Technology Architecture (MITA) standards. The transition of terminology is a significant undertaking and encompasses all DMAS documentation (letters, manuals, forms, etc.), the Medicaid website, the Medicaid Management Information System (MMIS), MediCall and the Automated Response System (ARS). This process will begin with our Fiscal Agent Transition, but will take up to 12 months to fully implement.

Terminology changes identified to date include:

Current Terminology

Recipient, Enrollee, and Client
Prior Authorization
Delegated Administrator

New Terminology

Member
Service Authorization
Primary Account Holder or
Organizational Administrator

A complete list of all terminology changes can be found on the Fiscal Agent Transition page on the DMAS website.

Web Portal

A new enhanced provider web portal will allow providers to transact all Medicaid business via one central location on the Internet. The web portal will provide access to Medicaid Memos, Provider Manuals, enhanced provider search capabilities, provider enrollment and record maintenance, direct data entry of claims, claims inquiry, member eligibility status, payment history and remittance advices, service authorizations, and training and education. More details on how to register for access to the web portal will be forthcoming shortly.

Claims

The process for submitting claims and pre-admission screening assessments for processing will not change. Paper claims and completed assessments should continue to be sent to the appropriate Post Office (P.O.) Box for the claim or assessment you are submitting. For a complete list of all P.O. Boxes, go to the Fiscal Agent Transition page on the DMAS website.

Please note: DMAS cannot ensure that claims sent to any address other than the P.O. Boxes listed will be received and/or processed. To ensure the timely receipt, processing and

adjudication of paper claims and assessments, you MUST send completed CMS 1500 and UB-04 forms to one of the P.O. Boxes designated by DMAS.

For claims submitted electronically the process remains unchanged except that you or your designee will be given a new user ID and password and a new File Transfer Protocol (FTP) address to which files will need to be sent. Watch for more information on this soon.

In addition to electronic and paper claims submission, DMAS will be introducing web-based Direct Data Entry (DDE) of claims through the Provider Web Portal. This service will give providers the capability to submit claims electronically via the web.

Remittance Advice and Letters

All print mail functions were seamlessly transferred to the new Fiscal Agent in December 2009. By now you may have noticed the enhanced font and user-enhanced readability formatting on your checks, Remittance Advices (RAs), and letters. There are no other changes planned for print mail functions at this time.

Provider Enrollment

The new web portal will allow providers to enroll and maintain their enrollment information online. The new online functionality will allow registered providers to update demographic information, reinstate their participation, enroll to participate with Virginia Medicaid, and receive important program information. Please note that the Provider Enrollment Services' address, fax number and phone numbers will not change. For a complete list of contact numbers, visit the Fiscal Agent Transition page on the DMAS website.

Member Eligibility

DMAS will continue to partner with all the same eligibility vendors. You can continue to access member eligibility information just as you always have in the past. New and improved call scripts will be made to the MediCall voice response system and will provide the same eligibility information. The MediCall numbers will not change and can be accessed by calling 1-800-884-9730 or 1-800-772-9996.

Training

We are developing training for all new functionality and enhancements associated with this transition. In the coming months we will share information about web portal registration, web-based claims submission and other tools available to the provider community. Training will be conducted online and will include tutorials, live WebEx sessions, and recorded trainings for 24/7 viewing. Upcoming training opportunities can be found on the Fiscal Agent Transition page on the DMAS website.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices are no longer printed and mailed free of charge. Duplicate remittance advices are processed and sent via secure email. A processing fee for generating duplicate paper remittance advices is applied to paper requests.

ALTERNATE METHODS TO LOOK UP INFORMATION

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1-888-661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1-610-219-2322	Emdeon www.emdeon.com Telephone: 1-877-363-3666
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ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.

The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.